| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br><br>**FY 2008**<br>*(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)* | Docket Number (Optional)<br>082368-008400US |
|---|---|
| Application Number  10/586,406 | Filed  January 19, 2005 |
| For  INFLAMMATORY CYTOKINE INHIBITORS | |
| Art Unit  1647 | Examiner  Stoica, Elly Gerald |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|  | | Fee | Small Entity Fee | |
|---|---|---|---|---|
| ☒ | One month (37 CFR 1.17(a)(1)) | $120 | $60 | $  120 |
| ☐ | Two months (37 CFR 1.17(a)(2)) | $460 | $230 | $ |
| ☐ | Three months (37 CFR 1.17(a)(3)) | $1050 | $525 | $ |
| ☐ | Four months (37 CFR 1.17(a)(4)) | $1640 | $820 | $ |
| ☐ | Five months (37 CFR 1.17(a)(5)) | $2230 | $1115 | $ |

☐  Applicant claims small entity status. See 37 CFR 1.27.

☐  A check in the amount of the fee is enclosed.

☐  Payment by credit card. Form PTO-2038 is attached.

☒  The Director has already been authorized to charge fees in this application to a Deposit Account.

☒  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number __20-1430_____. I have enclosed a duplicate copy of this sheet.
**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

☐  applicant/inventor.

☐  assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒  attorney or agent of record. Registration Number __34,774_____

☐  attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____

| | |
|---|---|
| /signature/ | August 6, 2008 |
| Signature | Date |
| Kevin Bastian, Reg. No. 34,774 | 415-576-0200 |
| Typed or printed name | Telephone Number |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐  Total of _____ forms are submitted.

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